

NATIONAL/INTERNATIONAL COURIER OPERATOR COMPLIANCE RETURN FORM

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION & COMMUNICATIONS ACT, 1998 AND REGULATIONS THEREUNDER, AND THE NATIONAL/INTERNATIONAL COURIER LICENCE CONDITIONS

Instructions

- i. Please note that the latest version of this form must be downloaded from the Authority's website at the end of each quarter in order to capture any official amendments
- ii. This form has provisions for both quarterly and annual compliance reporting.
- iii. Information to be submitted within 15 days after the end of every Quarter via email to plc@ca.go.ke
- iv. Please provide information in the spaces provided; you may insert additional rows and pages as required.
- v. Please provide accurate information and fill in all fields as required. Please provide an explanation for fields where you may not have relevant information.
- vi. Where nil returns are submitted, an explanation MUST be provided under the Comments/Suggestions section.
- vii. Hard copies shall not be accepted.
- viii. In case you have any compliance inquiries /clarifications, please contact <u>plc@ca.go.ke</u> or <u>call 0703</u> 042 000

1 GENERAL INFORMATION

1.1 Licence Details			
Name of Licensee:			
License No:			
1.2 Period under revie	w (Tick against appropria	te quarter)	
FINANCIAL YEAR2020/2021)	(based o	n the Government of Ke	enya Financial year e.g.
Quarter 1	Quarter 2 (1 st Oct – 31 st Dec)	Quarter 3 (1 st Jan – 31 st Mar)	Quarter 4 (1 st Apr – 30 th Jun)
1.3 Telephone Contac	ets		
Tel No		Mobile No	
Other Tel. Nos:			
1.4 Email and Web A	ddress		
Email:			
Website:			

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1.5	Contact	Detaus

Name of Head of the Organization		
Designation		
Name of Contact Person	Designation	
Street / Road	Building	Town
Telephone Landline	Mobile	
P.O BoxTown	Postcode	
Contact Email		

Did any of the address information change during the quarter? \Box Yes \Box No (Please tick as appropriate)

PART A: QUARTERLY REPORTING SECTION

2. VOLUME OF LETTERS AND PARCELS

2.1 Letter Delivery Service

Indicator	Number of Items
Domestic Service	
International Outgoing Services	
International Incoming Services	

2.2 Parcel Delivery Service

Indicator	Number of Items
Domestic Service	
International Outgoing Services	
International Incoming Services	

2.3 E-Commerce Service

Indicators	Number of items
Domestic Service	
International Outgoing Services	
International Incoming Services	

3. QUALITY OF SERVICE

	Number of Letters Delivered			Nu	mber of Par	cels Delive	red	
Category	Same	Following	Within	Within	Same	Following	Within	Within
Category	Day	Day $(j+1)$	5 days	6 days	Day	Day $(j+1)$	5 days	6 days
	(j+0)	Day $(J+1)$	(j+4)	(j+5)	(j+0)	Day $(J+1)$	(j+4)	(j+5)
Within the								
Same Urban								
Area								
Between								
Different								
Urban Areas								
To Special								
Areas*								
International								
(Applies to								
Incoming								
Letters and								
Parcels)								
Total								

Special areas are those areas in the country with adverse climatic, infrastructural and security conditions.

4. INCIDENT REPORTING REQUIREMENTS

Complaint Type	Number of Serious Incidents during the Quarter							
	Month 1	Month 2	Month 3					
Lost Items								
Stolen Items								
Damaged Items								
Total								

[&]quot;Serious incident" means a harmful event that occurs on a site during operations

5. COMPLAINTS RESOLUTION

	Number of Complaints Received							
Complaint Type	Month 1		Mo	nth 2	Mo	nth 3		
	Received Resolved Received Resolved		Resolved	Received	Resolved			
Lost Items								
Delayed Items								
Tampered Items								
Total								

PART B: ANNUAL REPORTING SECTION

6. MANDATORY DOCUMENTS TO BE SUBMITTED WITH THE COMPLIANCE RETURN FORM

- a) Schedule of Tariffs
- b) A copy of Audited financial statements for the preceding year duly signed by a Certified Accountant and indicating the auditor's practicing number.
- c) Valid Tax Compliance Certificate.
- d) Current Certificate of Shareholding (CR12) (not older than 3 months).
- e) Current list of officials issued by the Registrar of Societies (**not older than 3 months**). (*Applicable to SACCOs and Cooperatives*)

7. NUMBER OF OUTLETS

7.1 Headquarters office location

Location of Headquarters Outlet				Name of Contact Person	Telephone Number	Email address
County	Town Street Building					

7.2 Please provide a list of all outlets using the format below

Location of Outlets				Name of Contact Person	Telephone Number
County	Town	Street	Building		

8. STAFF

Provide the number of staff as per the format below.

C4 - CC 4	Local (Ke	enyan Citizens)	Expatriates		
Staff category	Male	Female	Male	Female	
Management					
Delivery					
Operations (not delivery)					
Total					

9. MAIL SECURITY

Please indicate your security measures in the areas listed below.
9.1 Prevention of tampering of Mail/Parcels at Outlets
9.2 Prevention of tampering of Mail/Parcels during transportation
9.3 Please select the type of mechanism you have in place for tracking postal articles and provide a description below
□ Proprietary web-based tracking systems
☐ Email-based tracking systems/updates.
☐ SMS-based tracking systems/updates.
☐ IVR-based tracking systems.
9.4 Identification of prohibited items e.g., Illicit Drugs, Firearms

10. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE				
Please provide information on initiatives undertaken to dispose of the organizations electronic waste (e-waste)				
11. COMMENTS/ SUGGESTIONS				
Please indicate any suggestions to improve the regulatory environment.				
Details of Individual Submitting the form				
Name				
Title				
Date				
Signature				
	Company Stamp			

THANK YOU FOR COMPLETING THE FORM

FOR OFFICIAL USE ONLY – DO NOT FILL BELOW THIS LINE

These returns	Checked By:	Verified by:	Approved ■ Rejected ■ (Tick as appropriate)
Name			
Title			
Signature			
Date			